216006337 82103			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2														_	
2	Total Nur of Vehic		Local No./ District 079	4	HI			HIT & RUI			NVESTIGATION MADE AT SCENE?			? L 1				
A/1 01 A/2	DATE OF ACCIDENT		9/2016 S M T W TH F S TIME OF ACCIDENT 1615											E ONLY	,			
В	OF ACCIDENT	CITY	Lincoln								PRIVATE	02/09/2016						
28	ROAD O		STREET/					ONE-WAY	LATITUDE	LATITUDE								
с 1	DISTANCE	STANCE FROM MILEPOST FEET N S E W OF MILEPOST							HIGH	WAY	STREET? NO.		LONGITUE	LONGITUDE				
D	WILEFO			T AT INT														
1							FEET ⊂ 6.00	MILES	N S	Е		EAREST STREE		BRIDGE, RAILROAD CROSSING				
V1/M 10 V2/M	MILES		N S E	ACCIDENT V W AND MILES	VAS OUTS	IDE CITY LI	IMITS, IN	W OF	DISTANC NEAREST Y OR TOW									
01 E 2	R. WORK ZONE TO CODES R. WORK TO REPRESENTED BY THE PROPERTY OF THE PROPERTY																	
F	DDIVED		1			V	/EHICLE	NO. 1				STATE	1	\equiv		FEMALE	7	
1	DRIVER LICENSE DRIVER BRAND		_{NO.} H13740 DEBAR		PHONE 770500				(Of License)	NE LOCAL N			MALE					
2 V2/N	DRIVER ADDRESS CITY, STATE, ZIP											DATE OF BIRTH (MM / DD / YYY	09/10	D/199	93		V1/1	
2	OWNER									272	1606	(WWW7 DD7 TTT	LOCAL NO. 04-22-1955			18 V1/2		
G 4	OWNER ADDRE								CITATION PENDING				CITATION NO. LB489401				V1/3	
Н .	LICENSE PA NO. 299ZXP								YEAR (Plate Expires) 2016					STATE (Of Plate) CO				
4 V1/O	VEHICLE 2007 Jeep GRAND CHER Medium/large u tan ESTIMATED DAMAGE TOTALED \$ 100												V1/4					
1	VEHICLE ID NO. (V/N) 1J8HR48P97C620543 INSURANCE COMPANY STATE FARM											V1/5 18						
V2/O 1	TOWED TO	TOWED TO TOWED BY POLICY NO. 1874014B2106B												V1/6				
1	DRIVER		1140005	4.40		V	/EHICLE	NO. 2				STATE			X	() FEMALE	25	
V1/P	DRIVER	LICENSE NO. TI 13203440						PHONE 4025606458					NE LOCAL N	NE SEX MALE			4	
1	DRIVER ADDRE	SS	DERSON		CITY,	STATE, ZIP			402	560)6458	DATE OF	0=/4				V2/1 18	
V2/P	443 S 53RD STREET, LINCOLN, NE 68510								PHONE		(MM / DD / YYYY) 05/14/			V2/				
J 01	TYLER CARNEY / KRISTIN ANDERSON OWNER ADDRESS 443 S 53RD STREET, LINCOLN, NE 68510							4025403055 CITATIO				YES		07-13-1990 CITATION NO.				
V1/Q	LIGENIOE	D.4	NO. TSI303	COLIN, INI	_ 00011	J					PEND YEAR ate Expires)	2016		STA [*] (Of PI	TE	NE	V2/4	
4 V2/Q	VEHICLE	YEAR		MAKE Dodae	1	ODEL CHARG	2ER	BODY ST		,	color		ESTIMATED I	DAMAG	E .		V2/5	
4	VEHICLE ID NO. (VIN)	2B3	BLA53H27H7	JLIN	ER 4 door Sedan				INSURANCE COMPANY USAA			JIOMELES 🗣 111						
к 02	TOWED TO).						
	Complete this section for all injured pe (Complete a continuation report, if more than three were in								sons				1 Seat	2 Eject	3 Body	Injury T	5 rans. M	ΕX
VEH. #	NAME	(COIII	piete a continuation		DRESS	nee were m	jureu)			+	(IVIIVI)	DD / YYYY)	Position	Ljoot	Region	1 Sev.	TOTIO: IVI	<u>.</u>
	LOCAL NO.	OCAL NO. MEDICAL FACILITY NAME					EMS SERVICE NAME						EMS RU	EMS RUN REPORT NO.				_
VEH. #	NAME		1	AD	DRESS					Τ								
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS S	ERVICE NAM	1E				EMS RU	N REPO	ORT NO.			_
VEH. #	NAME			AD	DRESS					Т						\prod		_
	LOCAL NO. MEDICAL FACILITY NAME							EMS SERVICE NAME					EMS RU	N REPO	ORT NO.			

